

SECTION A Provider/Program Information

1. County Name: _____

2. Provider ID No.: _____

3. Provider Name: _____

4. Contact Person: _____

5. Telephone No.: (____) _____

6. Reporting Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth*

☐ (f) Economically Disadvantaged*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems*

☐ (z) Persons Using Substances*

☐ (aa) Persons With Physical Disabilities*

☐ (bb) Physical/Emotional Abuse Victims*

☐ (cc) Pregnant Women/Teens*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth*

☐ (jj) School Dropouts*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) _____

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter in the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Children of Substance Abusers Groups																									
(b) Classroom Education Services																									
(c) Educational Services for Youth Groups																									
(d) Friday Night Live (FNL)/Club Live/FNL Kids																									
(e) Mentoring																									
(f) Parenting/Family Management Services																									
(g) Peer Leader/Helper Program																									
(h) Preschool ATOD Prevention Programs																									
(i) Small Group Sessions																									
(j) Theatrical Troupes																									
(k) Other (specify) _____																									

SECTION D
Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) _____